

40-Tob-11

(Preliminary for instructional purposes only)

U. S. D. A.

A. A. A.

Tobacco Section

August 1939

(Code and Serial No.)

(Community)

Application for 1940 Allotment
New Flue-cured Tobacco Farm

(Name and Address of Applicant)

(Name of Farm)

(Name and Address of Owner if Different from Operator)

Section I. Past Tobacco Experience of Applicant

Year	Name and Address of Operator of Farm on Which Applicant Produced Tobacco	Tenure of Applicant (Owner, cash- tenant, share- tenant or sharecropper)	Harvested Acres To- bacco in Applicant's Crop	Acres Share of Appli- cant in Crop
1935				
1936				
1937				
1938				
1939				

Sec. 2. Farm Operation: (a) Do you (or the owner, if a different person) operate, control, or direct another farm on which tobacco is produced? ____
 If so, give name of each such farm and name and address of operator thereof.

(b) Do you live on this farm? _____. If you do not live on this farm, upon what basis are you operating it?

Sec. 3. Curing Barn Space. Is there a tobacco curing barn on this farm? ____

(b) If not, will a barn be constructed on the farm for 1940? ____

I hereby apply for a flue-cured tobacco allotment for 1940 as operator of the farm described above and represent that the information shown above is true to the best of my information and belief.

(Date of Signature)

(Signature of Applicant)

Committee Certification

Each of the undersigned hereby certifies that the information contained in this application is true to the best of his information and belief.

(Signature for Community Committee)

(Signature for County Committee)

